

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101585,928

FILING DATE

07-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I		c			
2	I					
3	I					
4	I					
5	I					
6	I					
7		3				
8	I					
9	I					
10	I					
11		I				
12	I					
13		I				
14		3				
15	I					
16		3				
17	I					
18	I					
19	I					
20	I					
21		10				
22	I					
23	I					
24	I					
25	I					
26		8				
27		1				
28		I				
29			I			
30			I			
31			I			
32		I				
33			I			
34		I				
35		I				
36		I				
37		I				
38			I			
39			I			
40			I			
41		I				
42			I			
43			I			
44			I			
45			I			
46		I				
47			I			
48			I			
49			I			
50		I				
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	
TOTAL CLAIMS		10	10	10	10	10

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					I	
52					I	
53					I	
54					I	
55					I	
56					I	
57					I	
58					I	
59					I	
60					I	
61					I	
62					I	
63					I	
64					I	
65					I	
66					I	
67					I	
68					I	
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	
TOTAL CLAIMS		10	10	10	10	10